

RECORD OF DEATH

1. PLACE OF DEATH Cumberland No. _____ St., N. J.

2. FULL NAME Loris Phillips 3. RESIDENCE Port Norris

4. Sex M 5. Color or Race White 6. Single, Married, Widowed or Divorced Single

7. If married, widowed or divorced Husband of _____ (or) Wife of _____

8. DATE OF BIRTH Jan 9 1915

9. AGE Years 25 Months _____ Days _____ If Less Than One Day _____ Hrs. _____ Min. _____

OCCUPATION Trade, profession, or kind of work done Labor
Industry or business in which employed Center Boat

11. BIRTHPLACE Ind

FATHER 12. NAME John T Phillips
13. BIRTHPLACE Ind

MOTHER 14. MAIDEN NAME Etta Rannon
13a. BIRTHPLACE Ind

15. INFORMANT John T Phillips
(Address) Port Norris

20. Place of Burial Haleyville cem Date Sept 15 1940

21. UNDERTAKER Lanning & Pichler
(Address) Port Norris

16. RECEIVED Sept 18 1940 E. L. Thayer
Local Registrar.

17. DATE OF DEATH Sept 16 1940

18. I HEREBY CERTIFY, That I attended decedent from Viewed, 19____, to Sept 16 1940.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:35 P.M.
The cause of death was: Died Suddenly on Center Boat
Probable Heart Disease
Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____
Was there an autopsy? _____
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of decedent? _____
(Physician) Rulon Brooks Croner M.D.
(Address) Atlantic at Broadway

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